

<i>SERFF Tracking Number:</i>	<i>AULD-125365781</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>37451</i>
<i>Company Tracking Number:</i>	<i>I-20433</i>		
<i>TOI:</i>	<i>LTC06 Long Term Care - Other</i>	<i>Sub-TOI:</i>	<i>LTC06.000 Long Term Care - Other</i>
<i>Product Name:</i>	<i>Invitations for Retirement Income Seminars</i>		
<i>Project Name/Number:</i>	<i>Invitations for Retirement Income Seminars/I-20433</i>		

Filing at a Glance

Company: State Life Insurance Company		
Product Name: Invitations for Retirement Income Seminars	SERFF Tr Num: AULD-125365781	State: ArkansasLH
TOI: LTC06 Long Term Care - Other	SERFF Status: Closed	State Tr Num: 37451
Sub-TOI: LTC06.000 Long Term Care - Other	Co Tr Num: I-20433	State Status: Filed-Closed
Filing Type: Advertisement	Co Status:	Reviewer(s): Harris Shearer
	Author: Ann Smith	Disposition Date: 04/23/2008
	Date Submitted: 11/20/2007	Disposition Status: Filed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name: Invitations for Retirement Income Seminars	Status of Filing in Domicile: Pending
Project Number: I-20433	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Currently pending approval at domiciliary state, Indiana.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 04/23/2008	
State Status Changed: 04/23/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

The referenced institutional advertisements are being submitted for your review and approval. These forms are new and do not replace any form currently in use by our company.

The company will use these invitations to gather leads for State Life's portfolio of products, which include:

Asset-Care, form number L301, (whole life with long term care provisions) approved by your department on March 8,

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2006.

Annuity-Care, form number SA34, (single premium deferred annuity with long term care provisions) approved by your department on May 17, 2006.

Legacy Care, form number SA-32, (single premium deferred annuity) approved by your department on June 20, 2006.

Immediate-Care, form number SA33 (single premium immediate annuity) approved by your department on January 20, 2006.

These advertising pieces are pending approval from our domiciliary state of Indiana.

State Life has reviewed the forms and believes, to the best of its knowledge, the forms are both consistent with the laws and regulations of your state and in compliance with those laws and regulations. The forms contain no unusual or possibly controversial items deviating from normal company or industry standards.

Company and Contact

Filing Contact Information

Ann Smith, Sr. Contract Analyst
One American Square
Indianapolis, IN 46206

Ann.Smith@oneamerica.com
(317) 285-4223 [Phone]

Filing Company Information

State Life Insurance Company
One American Square
P.O. Box 406
Indianapolis, IN 46206
(800) 428-2316 ext. [Phone]

CoCode: 69116
Group Code: 619

State of Domicile: Indiana
Company Type:

Group Name:
FEIN Number: 35-0684263

State ID Number:

Filing Fees

Fee Required? Yes

<i>SERFF Tracking Number:</i>	<i>AULD-125365781</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Invitations for Retirement Income Seminars</i>		
<i>Project Name/Number:</i>	<i>Invitations for Retirement Income Seminars/I-20433</i>		
Fee Amount:	\$50.00		
Retaliatory?	No		
Fee Explanation:	\$250.00 per advertisement X 2 = \$50.00		
Per Company:	No		

SERFF Tracking Number: *AULD-125365781* *State:* *Arkansas*
Filing Company: *State Life Insurance Company* *State Tracking Number:* *37451*
Company Tracking Number: *I-20433*
TOI: *LTC06 Long Term Care - Other* *Sub-TOI:* *LTC06.000 Long Term Care - Other*
Product Name: *Invitations for Retirement Income Seminars*
Project Name/Number: *Invitations for Retirement Income Seminars/I-20433*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Life Insurance Company	\$50.00	11/20/2007	16744307

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Harris Shearer	04/23/2008	04/23/2008

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Disposition

Disposition Date: 04/23/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	AULD-125365781	State:	Arkansas
Filing Company:	State Life Insurance Company	State Tracking Number:	37451
Company Tracking Number:	I-20433		
TOI:	LTC06 Long Term Care - Other	Sub-TOI:	LTC06.000 Long Term Care - Other
Product Name:	Invitations for Retirement Income Seminars		
Project Name/Number:	Invitations for Retirement Income Seminars/I-20433		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Act Cert		Yes
Supporting Document	Filing Fees		Yes
Form	Planning for Retirement Income Invitation	Filed-Closed	Yes
Form	Wealth Transfer and LTC Protection Invitation	Filed-Closed	Yes

SERFF Tracking Number: AULD-125365781 State: Arkansas

Filing Company: State Life Insurance Company State Tracking Number: 37451

Company Tracking Number: I-20433

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: Invitations for Retirement Income Seminars

Project Name/Number: Invitations for Retirement Income Seminars/I-20433

Form Schedule

Lead Form Number: I-20433

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed	I-20433	Advertising	Planning for Retirement Income Invitation	Initial		0	I-20433 planning for retirement income invite.pdf
Filed-Closed	I-20432	Advertising	Wealth Transfer and LTC Protection Invitation	Initial		0	I-20432 wealth transfer and ltc protection invite.pdf

Planning for retirement income is only the first step

Learn how important health care planning should be to your overall retirement plan

Attend our upcoming seminar on effective planning beyond your retirement!

Identifying all of your income sources is only the beginning of what it takes to plan for your retirement years. You must address concerns that will affect your health and your wealth. Attend this seminar that will present life insurance and annuity solutions. There is no obligation to purchase.

Take the opportunity to RSVP for the following seminar and speak with someone who can help you review your current financial plan.

Location: _____

Date: _____

Time: _____

RSVP: _____

Seminar sponsor: _____

For reservations call: _____

[Insurance products, including annuities are available through U.S. Bancorp Insurance Services, LLC, U.S. Bancorp Investments, Inc., in Montana U.S. Bancorp Insurance Services of Montana, Inc., and in Wyoming U.S. Bancorp Insurance & Investments, Inc. All are licensed insurance agencies and subsidiaries of U.S. Bancorp, and affiliates of U.S. Bank. Insurance and annuity policies are underwritten by unaffiliated insurance companies and may not be available in all states.]

Not a Deposit. Not FDIC insured. Not guaranteed by any bank. Not insured by any federal government agency.

Products medically underwritten and issued by The State Life Insurance Company, Indianapolis, Indiana. Not available in all states.

Wealth Transfer and LTC protection

Learn how to address both through the use of whole life insurance

Attend our upcoming seminar on asset-protection!

If you have family or charities that could benefit from wealth transfer, or have savings and investments you wish to protect, you should attend this seminar that will present life insurance and annuity solutions. There is no obligation to purchase.

Take the opportunity to RSVP for the following seminar and speak with someone who can help you review your current financial plan.

Location: _____

Date: _____

Time: _____

RSVP: _____

Seminar sponsor: _____

For reservations call: _____

[Insurance products, including annuities are available through U.S. Bancorp Insurance Services, LLC, U.S. Bancorp Investments, Inc., in Montana U.S. Bancorp Insurance Services of Montana, Inc., and in Wyoming U.S. Bancorp Insurance & Investments, Inc. All are licensed insurance agencies and subsidiaries of U.S. Bancorp, and affiliates of U.S. Bank. Insurance and annuity policies are underwritten by unaffiliated insurance companies and may not be available in all states.]

Not a Deposit. Not FDIC insured. Not guaranteed by any bank. Not insured by any federal government agency.

Products medically underwritten and issued by The State Life Insurance Company, Indianapolis, Indiana. Not available in all states.

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Rate Information

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Supporting Document Schedules

Review Status:

Satisfied -Name: Act Cert 11/20/2007
Comments:
Attachment:
ARactcert.pdf

Review Status:

Satisfied -Name: Filing Fees 11/20/2007
Comments:
Attachment:
AR Filing Fees.STL.pdf

STATE OF ARKANSAS

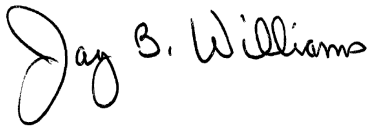
CERTIFICATION

CARRIER: THE STATE LIFE INSURANCE COMPANY

SUBMISSION: Invitations to Planning for Retirement Income &

DATE: Wealth Transfer and LTC Protection I-20433 & I-20432
November 21, 2007

I hereby certify that to the best of my knowledge and belief the above submission conforms to Arkansas Regulation 19 § 10B.



Jay B. Williams
Name

Vice President, Corporate Compliance
Title

ARKANSAS DEPARTMENT OF INSURANCE
FILING CERTIFICATE

I-20433

Company Name: The State Life Insurance Company
Company NAIC: 69116
Company Contact Person: Ann Smith

Insurance Department Use Only

Analyst:

Amount:

Route Slip:

ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT
LINE OF BUSINESS, UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

Rate/Form Filings

Life and/or Disability policy form filing and review, per
each policy, contract, annuity form, per each insurer, per
each filing. _____ x \$50= _____

Life and/or Disability - Filing and review of each rate
filing or loss ratio guarantee filing, per each insurer. _____ x \$50= _____

Life and/or Disability Policy, Contract or Annuity Forms:
Filing and review of each certificate, rider, endorsement or
application if each is filed separately from the basic form. _____ x \$20= _____

Policy and contract forms, all lines, filing corrections in
previously filed policy and contract forms. _____ x \$20= _____

Life and/or Disability: Filing and review of Insurer's
advertising per each insurer. 2 x \$25= \$50.00

Amend Certificate of Authority

Review and processing of information to amend an Insurer's
Certificate of Authority. _____ x \$400= _____

Filing to amend Certificate of Authority. _____ x \$100= _____